



September 16, 1997

Letter No. 97-04-09-084

Kansas Department of Health and Environment  
Bureau of District Operations  
Waste Management Programs  
1500 West 7th Street  
Chanute, Kansas 66720

Attn: Victoria S O'Brien

Ref: Description of corrective action taken of violations noted on Inspection of July 30, 1997.

Enclosed, is a list of the non-compliance and corrections (a) as reported during your inspection.  
Documentation with numbered attachments are also enclosed.

If you have any question or need additional information, please contact me at 316-331-8180.

  
J.L. Johnson  
Quality Engineer

JLJ/ias

Enclosures

cc: Larry Valentine  
John Orozco  
file

K.D.H.E.

SEP 19 1997

SOUTHEAST DISTRICT OFFICE  
CHANUTE, KANSAS

**NOTICE OF COMPLIANCE /NON COMPLIANCE 7/30/97 AND CORRECTIONS.**

1. KAR 28-31-4(k)      **FAILURE TO INCLUDE DATE OF REMEDIAL ACTION ON INSPECTION DOCUMENTATION.**  
a. **DOCUMENT TRAINING GIVEN TO NEW PERSON .**  
**(ATTACHMENT # 1.)**
2. KAR 28-31-4 (j) **EIGHT ACCUMULATION CONTAINERS NOT AT OR NEAR THE POINT OF GENERATION AND UNDER THE CONTROL OF THE OPERATOR.**  
a. **ALL CONTAINERS HAVE BEEN MOVED TO POINT OF GENERATION.**  
**(ATTACHMENT # 2 & 3)**
3. KAR 28-31-4(j) **ONE OPEN ACCUMULATION CONTAINER.**  
a. **INSTALLED LOCK RING AT TIME OF INSPECTION.**
4. KAR 2831-4 (d) **FAILURE TO USE PROPER DOT SHIPPING DESCRIPTION ON MANIFEST 0043, 45, 47, 49, 52, AND 54.**  
a. **PROFILE HAS BEEN CHANGED AT RINECO TO INCLUDE CHROME IN THE PROPER SHIPPING NAME. (ATTACHMENT # 4)**
5. KAR 28-31-14 **FAILURE TO USE CORRECT MANIFEST NUMBER ON LDR'S OR MANIFEST 00043 THROUGH 00054.**  
a. **PROCEDURE HAS BEEN CHANGED TO INCLUDE FULL NUMBER ON ALL FUTURE LDR'S. (ATTACHMENT # 5)**
6. KAR 28-31-4 (g) (4) **FAILURE TO PROVIDE TELEPHONE OR HANDHELD TWO-WAY**  
a. **TWO-WAY RADIO FOR HAZARDOUS WASTE STORAGE AREA PURCHASED/TESTED 9/8/97 NOW IS USE. (ATTACHMENT #6)**
7. KAR 28-31-4 (g) (4) **FAILURE TO FAMILIARIZE LOCAL HOSPITAL AS REQUIRED BY 40 CFR 265.37 (a) (4)**  
a. **COPIES OF INTERGRATED ENVIRONMENTAL RESPONSE PLAN DISTRIBUTED TO LOCAL HOSPITAL AND OTHER AGENCIES.**  
**(ATTACHMENT # 7)**

8. KAR 28-31-4 (g) (4) FAILURE TO LIST NAME(S), HOME ADDRESS, AND TELEPHONE NUMBER OF TWO ALTERNATE EMERGENCY COORDINATORS BRUCE GREEN AND SCOTT CARR.  
a. CORRECTED, AND UPDATES WILL BE SENT TO AGENCIES HOLDING COPIES OF INTEGRATED RESPONSE PLAN. (ATTACHMENT # 8)
9. KAR 28-31-4(g) (4) CONTINGENCY PLAN DOES NOT DESCRIBE ACTIONS TO BE TAKEN TO RESPOND TO FIRES, EXPLOSIONS OR RELEASES OF HAZARDOUS WASTE.  
a. ADDITION EAP # 5 TO RESPONSE PLAN (ATTACHMENT # 9)
10. KAR 28-31-4 (g) (4) CONTINGENCY PLAN DOES NOT DESCRIBE ARRANGEMENTS MADE WITH EMERGENCY RESPONSE AGENCIES.  
a. See letter to Chief Rail IFD (attachment # 10)
11. KAR 28-31-4 (g) (4) CONTINGENCY PLAN DOES NOT LIST LOCATION OF ALL EMERGENCY EQUIPMENT.  
a. INCLUDED IN APPENDIX 2A WHICH HAS THE LOCATION OF FIRE EXTINGUISHERS.(ATTACHMENT # 11)
12. KAR 28-31-4 (g) (4) CONTINGENCY PLAN DOES NOT INCLUDE AN EVACUATION PLAN THAT DESCRIBES SIGNALS AND EVACUATION ROUTES.  
a. RESPONSE PLAN PAGE 5 (4.1.1 AND FIG 4). (ATTACHMENT # 12).
13. KAR 28-31-4 (g) (4) FAILURE TO HAVE AN ESTABLISHED HAZARDOUS WASTE MANAGEMENT TRAINING PROGRAM.  
A. A TRAINING PROGRAM FOR MANAGERS WILL BE INITIATED PER ATTACHMENT # 13.  
TRAINING COMMENCED 3 SEPT 97.  
ESTIMATED COMPLETION 30 NOV 97.

**EMERGENCY ACTION PROCEDURE  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS**

Page 1 of 5

**EAP #1 (EMERGENCY ACTION PROCEDURE)  
NON-ROUTINE SPILL AT THE HAZMAT BUILDING**

1. Spill in one of the four berm areas of the hazardous material building.
2. Bermed containment area in each section is approximately 180 cubic feet and will contain approximately 1300 gallons. Bermed sections are sloped to a collection sump.
3. Response to a reported spill in these areas:
  - A minimum of 2 persons from the spill response team will ventilate the building.
  - Using necessary PPE, locate and ID the spilled material. No personnel will enter the building, without a standby person outside.
  - After spill ID is known, personnel will take action to contain the spill, e.g., overslip drum or reposition drum.
  - Cleanup of spill and disposal of material.
  - Decontaminate equipment.
  - Document the incident.



**EMERGENCY ACTION PROCEDURES  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS**

**Page 2 of 5**

**EAP #2 NON-ROUTINE SPILL  
AT CLEANING AREA**

**1. Response to a reported spill in this area:**

- A minimum of 2 persons from the spill response team will ventilate the area. Exhaust fan on east wall. On/Off switch located on southwest corner of cleaning room.
- Using necessary PPE, locate and ID the spilled material. Closest open drains are outside the cleaning room (west of curtains).

— Behind the HVAC on north wall.

— In NDT area at penetrant tanks.

No personnel will enter the area without a standby person outside.

- After spill ID is known personnel will take action to contain the spill.
- Cleanup of spill and disposal of material.
- Decontaminate equipment.
- Document the incident.

**EMERGENCY ACTION PROCEDURE  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS**

**Page 3 of 5**

**EAP #3 NON-ROUTINE SPILL AT  
FUEL FARM AREA**

**1. Response to a reported spill in this area:**

- A minimum of 2 persons from the spill response team will enter the area. Exhaust fan on the northwest corner is normally operating. All pumps, if no inoperative, will be shut down.
- Using necessary PPE, locate source of leak and reduce as much as possible. Using portable pumps (7 and 10 GPM), start transfer of remaining fluid from leaking tank to 55 gallon barrels.

No personnel will enter the area without a standby person outside.

- Cleanup of spill and disposal of material.
- Decontaminate equipment.
- Document the incident.

**EMERGENCY ACTION PROCEDURES  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS**

**Page 4 of 5**

**EAP #4 NON-ROUTINE LEAK NOTED  
WHILE UNLOADING INCOMING CHEMICAL DRUMS**

1. If a leaker is noted while unloading chemicals, the following action should be taken:
  - Position the drum, if possible, to stop the leakage.
  - Obtain a overslip drum from the HAZMAT shed and use on leaking drum.
  - Clean up spill residue and package for disposal.
  - Determine if there was any leakage outside of the transporting vehicle. If so, initiate clean up and disposal of residue.
  - Document the incident.

**EMERGENCY ACTION PROCEDURE  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS**

Page 5 of 5

ATTACHMENT # 9

**EAP # 5 (EMERGENCY ACTION PROCEDURE  
FIRE)**

**Upon discovery of a fire by any employee, the following actions shall be taken:**

1. Notify or have another employee notify a Manager/Supervisor.
  - a. Portable extinguishers may be used, if fire is small and can be contained.  
\*\*\*NOTE\*\*\* Caution must be used if the source of the fire is electrical. Power source should be terminated as soon as possible.
  - b. All operations in the general area of the fire shall cease, and equipment shut off or placed in a safe condition.
2. If fire cannot be contained by extinguishers, Supervisor/manager will appoint a employee to notify the Independence Fire Department (911) with:
  - a. Name of company and location.
  - b. Give specific location (i.e. back west door or front main door) of fire in building.
  - c. Send someone outside to meet and direct the emergency vehicles.
3. Supervisor/Manager will have the manual alarm activated.
4. Upon hearing the alarm, all personnel shall evacuate the plant by the most direct route. Exit routes are posted in all departments. Prior to leaving your work area, turn off all equipment and close any pressure valves.
5. The group leaders prior to exiting the departments will insure that all equipment is off and no employees remain.
6. All employees upon exiting the facility will, assemble across the street beside the water tower for a head count by the group leaders. No employees are to leave this area unless directed by supervision.
7. The Master Electric Shut Off can be activated by any employee. (location is adjacent to the operation/office door & clearly marked). \*\*NOTE\*\* This switch will terminate all electrical power to the facility.

**ONLY EMERGENCY LIGHTING WILL BE AVAILABLE IF USED.**

# Independence Fire Department

June 28, 1994

Saberliner Corp.  
c/o Mr. Jim Johnson  
#1 Freedom Dr.  
Independence, KS 67301

*ATTN: Mr. Johnson  
#10*

RE: Fire Protection

Dear Mr. Johnson:

Regarding your inquiry as to the availability of fire protection: Since the airport and the adjoining property is City land, the Independence Fire Department is the first and primary responding agency to Saberline Corporation.

Our response time is estimated at approximately 10 minutes. The majority of the fire hydrants at the Airport Industrial Park will flow in excess of 1000 gallons per minute. This, in addition to our 5" supply line will give us maximum fire fighting capabilities.

Please call if you have any questions that we can help you with.

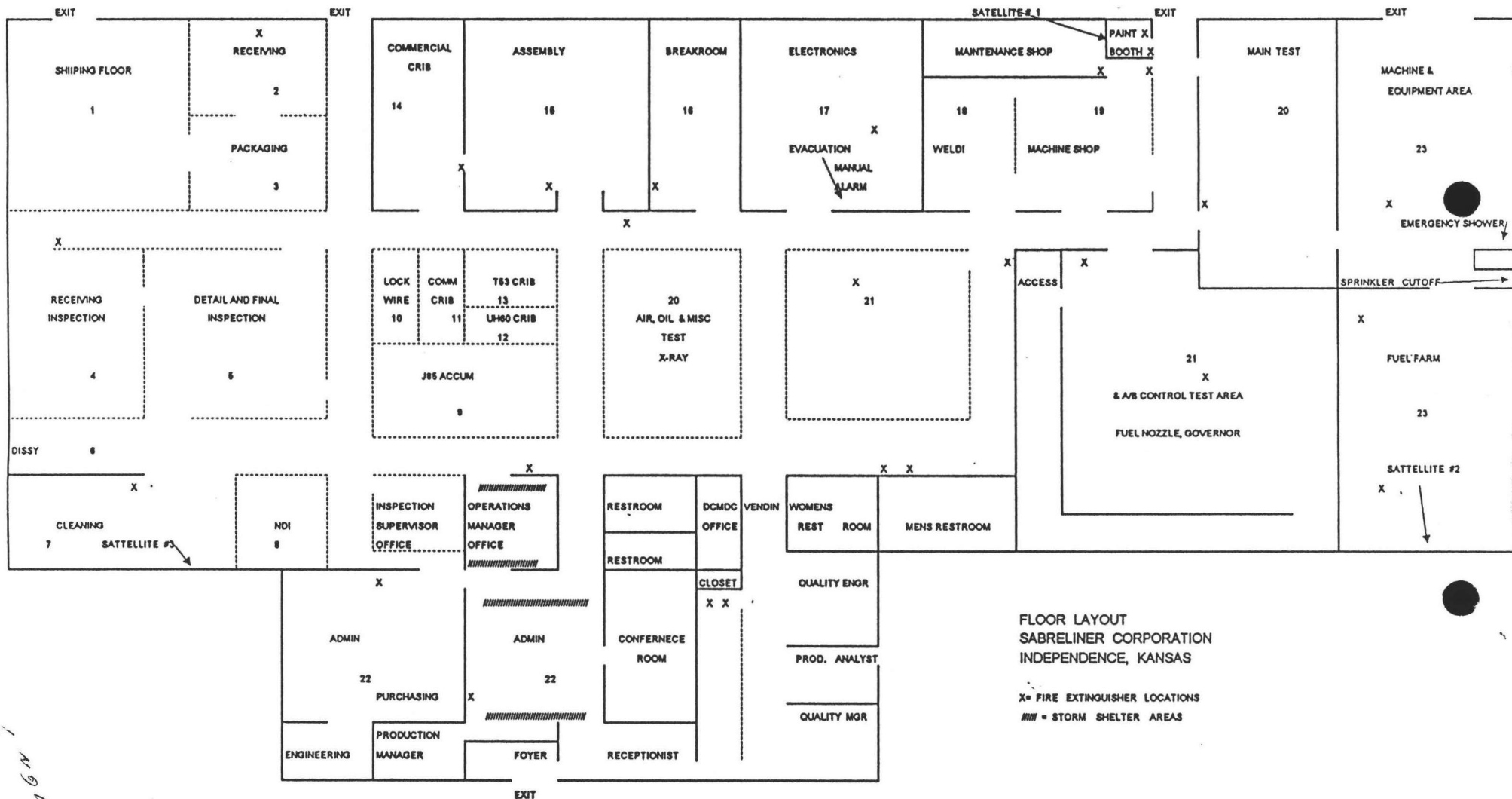
Sincerely,

CITY OF INDEPENDENCE



Dale A. Rail  
Fire Chief

DAR/jt



ATTACHMENT #11

### **3.0 FACILITY DRAINAGE**

ATTACHMENT # 12

#### **3.1 Exterior Drainage**

As shown on Figures 3 and 3a, surface runoff from most of the facility grounds exits the property at the northeastern corner of the facility. After exiting the property, the surface runoff continues into a surface drainage ditch. This drainage ditch discharges into Rock Creek, located approximately three miles to the North of the facility, and eventually flows into the Verdigris River.

#### **3.2 Interior Floor Drains**

All of the interior building drains, such as those in the bathrooms, are connected to the sanitary sewer system. There are no interior floor drains located in the vicinities of the oil or hazardous material/waste storage and handling areas.

### **4.0 PLANT ALARM AND EVACUATION PROCEDURES**

#### **4.1 Plant Alarm Systems**

##### **4.1.1 Fire Alarm and Evacuation Procedures**

The facility uses a pulsating tone sound to signal to facility personnel that they should evacuate all buildings and proceed to the designated place of refuge. The primary and alternate facility evacuation routes and places of refuge are shown on Figure 4, and are posted on walls throughout the facility.

The alarm system can be activated from a manual alarm located at the center of the facility and in response to activated smoke detectors or water flow of the sprinklers. An automatic sprinkler system is in service at the main building. Telephones are located throughout the facility, and can access the plant intercom system to provide additional emergency communication.

##### **4.1.2 Hazardous Material Spill Alarm and Evacuation Procedures**

For routine hazardous material spills (refer to page 12 for definition), the phone intercom systems shall be used to notify plant personnel that a routine hazardous material spill is in progress if necessary. For non-routine spills (refer to page 14 for definition), the manual alarm shall be activated if human life is at risk and immediate evacuation is not attainable through the intercom system.



ATTACHMENT  
#13

## MANAGEMENT HAZARDOUS WASTE TRAINING PLAN

13 AUG 97

A. Review of the Independence Integrated Environmental Response Plan for the following positions.

1. Plant Manager
2. Production Manager
3. Chief Inspector
4. Manufacturing Engineer
5. Training/Troubleshooter Supervisor

B. Tour of facility.

1. Hazmat shed, function and protection.
2. Waste collection and markings inside facility.

C. Manager/Supervisor response to:

1. Fire
2. Major spills
3. Procedure violations and corrections.

E. First Responders will be trained per para 6.2 of the response plan.

J.L. JOHNSON  
QUALITY ENGINEER



## RIGHT TO KNOW TRAINING LOG

[illegible]

Mr. Jim Johnson

[Printed from: WASTE (Jul 01 1997) - 265.37: Arrangements with local authorities.]

Arrangements with local authorities.

(a) The owner or operator must attempt to make the following arrangements, as appropriate for the type of waste handled at his facility and the potential need for the services of these organizations:

(a) (1) Arrangements to familiarize police, fire departments, and emergency response teams with the layout of the facility, properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes;

(a) (2) Where more than one police and fire department might respond to an emergency, agreements designating primary emergency authority to a specific police and a specific fire department, and agreements with any others to provide support to the primary emergency authority;

(a) (3) Agreements with State emergency response teams, emergency response contractors, and equipment suppliers; and

(a) (4) Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or releases at the facility.

(b) Where State or local authorities decline to enter into such arrangements, the owner or operator must document the refusal in the operating record.

= ALSO ANNUAL  
COPY W/ TIER II  
REPORT

ATTACHMENT #07

## PLANT EMERGENCY RESPONSE CONTACTS

PLANT PHONE 316-331-8180

\* PAGERS 24 HOUR

\*\* PAGERS 24 HOURS ALTERNATE WEEKS

AME	INCIDENT TITLE	PLANT TITLE	PLANT PHONE	HOME PHONE	HOME ADDRESS
JOHN OROZCO		PLANT MANAGER	216	316-431-0840 *316-334-5302	1009 S. TENNESSEE CHANUTE, KS 66720
JIM JOHNSON	INCIDENT COMMANDER	QUALITY ENGINEER	225	316-251-6753 **316-334-5301	210 W 4TH ST COFFEYVILLE, KS 67337
JOHN HEATHMAN	ALTERNATE COMMANDER	MFG ENGINEER	218	316-251-4012 **316-334-5301	516 JAY DRIVE INDEPENDENCE, KS 67301
BRUCE GREEN	ALTERNATE COMMANDER	TROUBLESHOOTER	230	316-325-5391 **316-334-5301	RR 2 NEODESHA, KS 66757
SCOTT CARR	ALTERNATE COMMANDER	PRODUCTION MANAGER	212	316-331-2750 **316-334-5301	1329 W. HICKORY INDEPENDENCE, KS 67301
LARRY VALENTINE	CORPORATE ENVIRONMENTAL CONTACT	DIRECTOR ENVIRONMENTAL AND SAFETY COMPLIANCE	314-863-6880 EXT 2567	314-434-0756	1958 PARKLAND WOODS DRIVE MARYLAND HEIGHTS MO. 63043

8  
#  
ATTACHMENT

ATTACHMENT #6A

## Memorandum

DATE: September 18, 1997  
TO: ALL PERSONNEL  
FROM: J.L. JOHNSON  
RE: NEW HAZMAT PROCEDURE FOR  
PERSONNEL HANDLING WASTE MATERIAL  
IN OUTSIDE HAZMAT BUILDING.  
CC: J OROZCO, S. CARR, B. GREEN, M. RICE

A PAIR OF PORTABLE TWO-WAY RADIOS HAVE BEEN PURCHASED, AND ARE BEING STORED IN THE TOOL CRIB FOR USE BY PERSONNEL HANDLING HAZARDOUS WASTE.

### PROCEDURE:

1. PRIOR TO LEAVING THE MAIN FACILITY, ONE RADIO WILL BE CHECKED OUT OF THE TOOL CRIB.
2. THE SECOND RADIO WILL BE TURNED ON AND A COMMUNICATION CHECK MADE BEFORE LEAVING THE MAIN FACILITY.
  - A. THE CRIB ATTENDANT WILL MONITOR FOR ANY TRANSMISSION AND KEEP THE RADIO IN HER POSSESSION UNTIL THE FIRST RADIO IS RETURNED TO CRIB.

**DO NOT USE UNNECESSARY COMMUNICATIONS.**

**USE CARE WHEN USING THESE RADIOS AND KEEP IN A CLEAN CONDITION**

ATTACHMENT 79

To: **SABRELINER INTERGRATED  
ENVIRONMENTAL RESPONSE PLAN**

Date: **5 APR**

PLEASE REPLACE THE ENCLOSED PAGES IN  
YOUR BOOK.

1. KDH E CHANWIG
2. INDY P.D.
3. INDY F.D.
4. MERCY HOSPITAL
5. MONT. E. P. BOARD.
6. JERRY LAMOTTE

*Jim L. Johnson*

From: **Jim L. Johnson**

Airport Industrial Park  
1 Freedom Drive  
Independence, KS 67301-0946  
316-331-8180

✦ ✦ ✦ ✦  
**SABRELINER**  
**CORPORATION**

ator	Sabreliner-Independence	EPA ID #	K S D 9 8 1 7 1 2 8 5 4
State Codes	D001 ATTACHMENT #5	Manifest #	AR-910758/00056
		Profile #	9601-02133
			Line Item 11a

Waste Codes	Waste Description & Treatment/ Regulatory Subcategory	Concentration in mg/l or Technology Code
	Non-Wastewater	
D001	Ignitable characteristic wastes, except for 261.21(a)(1) High TOC subcategory that are managed in Non-CWA/nonCWA equivalent/non class I SDWA systems.	DEACT and meet 268.48 standards or RORGs; or CMBST
D001	High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1)-greater than or equal to 10% TOC.	RORGs; or CMBST
D002	Corrosive characteristic wastes that are managed in non-CWA non CWA equivalent, or class / SDWA systems.	DEACT & meet 268.48 standards

**D011 Heavy Metals Expressed in Concentrations of mg/l (TCLP) Non-Wastewater**

D004	Arsenic 5.0		D008	Lead 5.0
D005	Barium 100		D009	Mercury 0.20 low mercury subcategory
D006	Cadmium 1.0		D010	Selenium 5.7
D007	Chromium 5.0		D011	Silver 5.0

**D043 Concentrations Expressed in mg/kg, and Must Meet 268.48 Standards. Non-Wastewater**

D012	Endrin 0.13		D024	m-cresol 5.6		D036	Nitrobenzene 14
D013	Lindane 0.066		D025	p-cresol 5.6		D037	Pentachlorophenol 7.4
D014	Methoxychlor 0.18		D026	Cresol Mixed Isomer 11.2		D038	Pyridine 16
D015	Toxaphene 2.6		D027	p-dichlorobenzene 6.0		D039	Tetrachloroethylene 6.0
D016	2,4 D 10		D028	1,2-dichloroethane 6.0		D040	Trichloroethylene 6.0
D017	2,4,5-TP Silvex 7.9		D029	1,1-dichloroethylene 6.0		D041	2,4,5-Trichlorophenol
D018	Benzene 10		D030	2,4-dinitrotoluene 140		D042	2,4,6-Trichlorophenol
D019	Carbon Tetrachloride 6.0		D031	Heptachlor & epoxides 0.066		D043	Vinyl Chloride 6.0
D020	Chlordane 0.26		D032	Hexachlorobenzene 10			
D021	Chlorobenzene 6.0		D033	Hexachlorobutadiene 5.6			
D022	Chloroform 6.0		D034	Hexachloroethane 30			
D023	o-cresol 5.6		D035	Methyl Ethyl Ketone 36			

**1-F005 Spent Solvents; Non-Wastewater  
concentrations expressed in mg/kg**

**F003-F005 Non-Wastewater spent solvents  
expressed in mg/l (TCLP)**

Acetone 160		Isobutyl Alcohol 170		Carbon disulfide 4.8
Benzene 10		Methylene Chloride 30		Cyclohexanone 0.75
N-butyl alcohol 2.6		Methyl Ethyl Ketone 36		Methanol 0.75
carbon tetrachloride 6.0		Methyl Isobutyl Ketone 33		
chlorobenzene 6.0		Nitrobenzene 14		
o-cresol 5.6		Pyridine 16		
m-cresol 5.6		Tetrachloroethylene 6.0		
p-cresol 5.6		Toluene 10		
Cresol mixed isomers 11.2		111-Trichloroethane 6.0		
O - Dichlorobenzene 6.0		112-Trichloroethane 6.0		
Ethyl Acetate 33		112-Trichloro-		
Ethyl Benzene 10		122-trifluoroethane 30		
Ethyl Ether 160		Trichloroethylene 6.0		
		Trichloromono-		
		fluoromethane 30		
		Xylene (mixed isomers) 30		

11/01/94 kc

STORE OWNED AND OPERATED BY

FRANCHISE/DEALER STORE

THE COMPUTER GENERATION, INC.

311 &amp; 313 NORTH PENN AVE

INDEPENDENCE, KS 67301

331-6191 OR 1-800-383-8903

Attachment  
#6

CHECK OUR BACK TO SCHOOL SPECIALS

SOLD TO:

(CUST. 2262)

SABRELINER CORPORATION

1 FREEDOM DRIVE

INDEPENDENCE KS

67301

1 - 5

Salesman 10

Time 09:46

INVOICE NO.

72520005

STORE NO.

22- H255

DATE

09/09/97

CAT. NO.	DESCRIPTION	QTY.	PRICE	AMOUNT
I 23000752	ALK AA CELL PKB	2.0	5.99	11.98
I 21001646	TRC-222 WALKITAL	2.0	79.99	159.98

Thank you for your business

*JD Johnson*

All merchandise returned for credit, refund or exchange must be in new and re-saleable condition in original cartons with original packing, accessories, guarantees and instructions, and must be accompanied by this sales slip. Non-RadioShack merchandise for exchange or refund can only be returned to this store. The above store is an independently owned dealer/franchise. Policies regarding refunds and exchanges are determined by the owner. Additional warranty information printed on the back of this receipt.

SUB TOTAL

171.96

TAX

11.87

TOTAL

183.83

DEPOSIT

0.00

BALANCE DUE

183.83

STORE COPY

&gt;&gt;RMS CHARGE INVOICE PO# &lt;&lt;



ATTACHMENT  
8-19-97 #3



ATTACHMENT #2  
8-19-97





TRAILER 703P  
ATTACHMENT #4

6

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. KSD981712854	Manifest Document No. 00055	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Sabreliner Independence #1 Freedom Drive Independence, KS 67301 316-331-8180			A. State Manifest Document Number AR- 9107687		B. State Generator's ID 347	
4. Generator's Phone (316-331-8180)			6. US EPA ID Number KSD981588791		C. State Transporter's ID 347	
5. Transporter 1 Company Name Trans Transport, Inc			8. US EPA ID Number		D. Transporter's Phone 418-426-4751	
7. Transporter 2 Company Name			10. US EPA ID Number		E. State Transporter's ID 300-627-2647	
9. Designated Facility Name and Site Address RINECO 1007 Vulcan Rd.-Haskell Benton, AR 72015			12. Containers No. Type 0, 2, 6 DM 0, 0, 3, 3, 0 G		13. Total Quantity 0, 0, 0, 5, 5 G	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			14. Unit Wt/Vol G		15. Waste No. E001	
a. Waste Isopropanol Mixture 3 UN1219 PGII			16. Containers No. Type 0, 0, 1 DM 0, 0, 0, 5, 5 G		17. Total Quantity 0, 0, 0, 5, 5 G	
b. Hazardous Waste Liquid, N.O.S. (Methylene Chloride, Chronic) 9 NA3082 PGIII RO (D007)			18. Containers No. Type 0, 0, 2 DM 0, 0, 1, 1, 0 G		19. Total Quantity 0, 0, 1, 1, 0 G	
c. Waste Corrosive Liquid, N.O.S. (Phosphoric Acid/ Sodium Hydroxide) 8 UN1760 PGIII			20. Containers No. Type 0, 0, 1 DM 0, 0, 0, 5, 5 G		21. Total Quantity 0, 0, 0, 5, 5 G	
d. Waste Tetrachloroethylene 6.1 UN1897 PGIII			22. Containers No. Type 0, 0, 1 DM 0, 0, 0, 5, 5 G		23. Total Quantity 0, 0, 0, 5, 5 G	
J. Additional Description for Materials Listed Above a. 9506-05575 ERO#127 (Isopropyl Alcohol) b. 9708-04640 ERO#171 (Paint Remover) c. 9903-02757 ERO#154 (Auto Parts Cleaner) if no alternate TSDF, return to generator			K. Emergency Response Information: Jim Johanson 316-331-8180			
15. Special Handling Instructions and Additional Information d. 9506-05570 ERO#7160 (Perchloroethylene)			Pick Up Date: 9/10/97 1PM Load#16778			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree, I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.			Printed/Typed Name J.L. JOHNSON			
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature J.L. JOHNSON			
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature J.L. JOHNSON			
19. Discrepancy Indication Space			Month Day Year 09/10/97			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.			Printed/Typed Name J.L. JOHNSON			
21. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.			Signature J.L. JOHNSON			
22. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.			Month Day Year 09/10/97			



## NOTICE OF COMPLIANCE/NON-COMPLIANCE

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Environment  
Waste Management Program

Hazardous Waste: Complaint( ) LDF( ) TSF( ) GEN( ) KG( ) SQ( ) TRA( ) UOM( ) UOB( ) NOT A GEN( )  
Solid Waste: Complaint( ) SLF( ) TRF( ) ILF( ) CDL( ) HHW( ) OBS( ) UOS( ) WTT( ) WTP( ) WTM( ) YWC( ) MED( )

TO: PREMIER TURBINES INDEPENDENCE 7/30/97  
Facility Name Date

ONE FREEDOM DRIVE INDEPENDENCE KS 667301-0946  
Address City State Zip Code

K S D 9 8 1 7 1 2 8 5 4

EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ Violations As Follows

☐ No Violations Identified

- 1) KAR 28-31-4(k)  
2) KAR 28-31-4(j)  
3) KAR 28-31-4(i)  
4) KAR 28-31-4(a)  
5) KAR 28-31-14

FAILURE TO INCLUDE DATE OF REMEDIAL  
ACTION ON INSPECTION DOCUMENTATION  
EIGHT ACCUMULATION CONTAINERS NOT AT OR  
NEAR THE POINT OF GENERATION AND UNDER  
THE CONTROL OF THE OPERATOR  
ONE OPEN ACCUMULATION CONTAINER &  
FAILURE TO USE PROPER DOT SHIPPING  
DESCRIPTION ON MANIFESTS 00043 00045,  
00047, 00049, 00052, AND 00054  
FAILURE TO USE CORRECT MANIFEST NUMBER  
ON LDRS FOR MANIFESTS 00043 THROUGH 00054

☐ Other Comments/Concerns:

\* CORRECTED DURING INSPECTION

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 60 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:

VICTORIA S. O'BRIEN  
Kansas Department of Health and Environment  
Bureau of District Operation  
Waste Management Programs  
1500 West 7th Street  
Chanute, Kansas 66720

If you have any questions concerning this Notice or wish to discuss your response, you may call me at (316) 431-2390 or Bureau of Waste Management in the Topeka Office at (913) 296-1604.

This Notice was prepared by

Victoria S. O'Brien

Date 7/30/97

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: J. L. Johnson

Signature: J. L. Johnson

Title: QUALITY ENGINEER

Date: 7/30/97



# NOTICE OF COMPLIANCE/NON-COMPLIANCE

Page 2 of 3

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Environment  
Waste Management Program

Hazardous Waste: Complaint( ) LDF( ) TSF( ) GEN( ) KG( ) SQ( ) TRA( ) UOM( ) UOB( ) NOT A GEN( )  
Solid Waste: Complaint( ) SLF( ) TRF( ) ILF( ) CDL( ) HHW( ) OBS( ) UOS( ) WTT( ) WTP( ) WTM( ) YWC( ) MED( )

TO: PREMIER TURBINES INDEPENDENCE  
Facility Name7 1 30 1 97  
DateONE FREEDOM DRIVE INDEPENDENCE  
Address CityKS  
State67301-0946  
Zip Code

K	S	D	9	8	1	7	1	2	8	5	4
---	---	---	---	---	---	---	---	---	---	---	---

EPA Identification No.

--	--	--	--	--	--

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ **Violations As Follows**☐ **No Violations Identified**

- |    | <u>Citation</u>          |
|----|--------------------------|
| 6) | <u>KAR 28-31-4(g)(4)</u> |
| 7) | <u>KAR 28-31-4(g)(4)</u> |
| 8) | <u>KAR 28-31-4(g)(4)</u> |
| 9) | <u>KAR 28-31-4(g)(4)</u> |

- |  | <u>Description of Violation</u>                   |
|--|---|
|  | <u>FAILURE TO PROVIDE TELEPHONE OR HANDHELD</u>   |
|  | <u>TWO-WAY RADIO FOR HAZARDOUS WASTE</u>          |
|  | <u>STORAGE AREA</u>                               |
|  | <u>FAILURE TO FAMILIARIZE LOCAL HOSPITAL AS</u>   |
|  | <u>REQUIRED BY 40 CFR 265.37(g)(4)</u>            |
|  | <u>FAILURE TO LIST NAME(S), HOME ADDRESS, AND</u> |
|  | <u>TELEPHONE NUMBER OF TWO ALTERNATE</u>          |
|  | <u>EMERGENCY COORDINATORS - BRUCE GREEN</u>       |
|  | <u>AND SCOTT CARR</u>                             |
|  | <u>CONTINGENCY PLAN DOES NOT DESCRIBE ACTIONS</u> |
|  | <u>TO BE TAKEN TO RESPOND TO FIRES,</u>           |
|  | <u>EXPLOSIONS OR RELEASES OF HAZARDOUS</u>        |
|  | <u>WASTE</u>                                      |

☐ **Other Comments/Concerns:**

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This Notice was prepared by

Victoria S. O'BrienDate 7 1 30 1 97

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: J.L. JohnsonSignature: [Signature]Title: QUALITY ENGINEERDate: 7 1 30 1 97



## NOTICE OF COMPLIANCE/NON-COMPLIANCE

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Environment  
Waste Management Program

Hazardous Waste: Complaint( ) LDF( ) TSF( ) GEN( ) KG( ) SQ( ) TRA( ) UOM( ) UOB( ) NOT A GEN( )  
Solid Waste: Complaint( ) SLF( ) TRF( ) ILF( ) CDL( ) HHW( ) OBS( ) UOS( ) WTT( ) WTP( ) WTM( ) YWC( ) MED( )

TO: PREMIER TURBINES INDEPENDENCE 7 1 30 1997  
Facility Name Date

ONE FREEDOM DRIVE INDEPENDENCE KS 67381-0946  
Address City State Zip Code

KSD 981712854

EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ Violations As Follows

☐ No Violations Identified

- 10) KAR 28-31-4(g)(4)  
11) KAR 28-31-4(g)(4)  
12) KAR 28-31-4(g)(4)  
13) KAR 28-31-4(g)(4)

CONTINGENCY PLAN DOES NOT DESCRIBE  
ARRANGEMENTS MADE WITH EMERGENCY  
RESPONSE AGENCIES  
CONTINGENCY PLAN DOES NOT LIST LOCATION  
OF ALL EMERGENCY EQUIPMENT  
CONTINGENCY PLAN DOES NOT INCLUDE AN  
EVACUATION PLAN THAT DESCRIBES  
SIGNALS AND EVACUATION ROUTES  
FAILURE TO HAVE AN ESTABLISHED HAZARDOUS  
WASTE MANAGEMENT TRAINING PROGRAM

☐ Other Comments/Concerns:

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 60 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

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This Notice was prepared by

Victoria S. O'Brien  
Date 7 1 30 1997

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: John Johnson  
Signature: [Signature]  
Title: Quality Engineer  
Date: 7 130 1997



AT 1.90511  
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